



Enrollment Application Checklist

Check box or boxes for which program you chose to enroll

☐ Wyoming Breast & Cervical Cancer Program (WBCC) (free mammogram & Pap test)

☐ Wyoming Colorectal Screening Program (WCCSP) (free colonoscopy)

Read, complete and sign the following documents:

Enrollment Application

- ❖ Answer all questions for the procedure(s) you are applying for
- ❖ Please print clearly in blue or black ink

Please submit the application by mail or fax:

Mailing Address: Wyoming Integrated Cancer Services
6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002

Fax: (307) 777-3765

Phone: (307) 777-2932 or 1-866-205-5292 for colorectal services.

(307) 777-3699 or 1-800-264-1296 for Breast & Cervical services.

Website: Breast & Cervical Program <http://www.health.wyo.gov/phsd/bccedp/index.html>

Website: Colorectal Screening Program <http://www.health.wyo.gov/phsd/ccp/index.html>

2016 Federal Poverty Guidelines

Income guidelines used to determine eligibility if you qualify for a free colonoscopy or Pap test and Mammogram

(Based on gross income before taxes are removed):

Number of Persons in Family Unit	250% Poverty Guidelines	Monthly	Hourly
1	\$29,700	\$2,475	\$14.29
2	\$40,050	\$3,338	\$19.27
3	\$50,400	\$4,200	\$24.25
4	\$60,750	\$5,063	\$29.23
5	\$71,100	\$5,925	\$34.21
6	\$81,450	\$6,787	\$39.19
7	\$91,825	\$7,652	\$44.18
8	\$102,225	\$8,519	\$49.18
Each additional person, add	\$10,400	\$867	\$5.00

The Wyoming Colorectal Cancer Screening Program & the Breast and Cervical Cancer Early Detection Program use 250% poverty guidelines to determine eligibility. Poverty guidelines are updated annually by the federal government. You can find the current poverty guidelines at <https://aspe.hhs.gov/poverty-guidelines>